

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CV 10 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
37 County Cass Registration District No. 305
Township Cassan Primary Registration District No. 5422
City Osage (No. St. Ward)

2. FULL NAME Lloyd Schaeffer Kretz
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

32724

File No.
Registered No. 31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-31
7. AGE YEARS 2 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa Mo.

13. NAME Glenn L. Schaeffer Kretz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beemont Mo.

15. MAIDEN NAME Lydia Alice Kretz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo.

17. INFORMANT (ADDRESS) Glenn L. Schaeffer Kretz
Ottumwa Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beemont Mo. DATE 10-9-1933

19. UNDERTAKER W. F. Gattermiller
(ADDRESS) Ottumwa Mo.

20. FILED 10-9 1933 J. F. Ferrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-24-1933 to 10-6-1933
I last saw him alive on 10-6-1933. Death is said to have occurred on the date stated above, at 120 P. M.

The principal cause of death and related causes of importance were as follows:

Cholera Infantum
120 A
120 P

Other contributory causes of importance

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edna Mullins, M. D.

(Address) Ottumwa Mo.

